

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 8      | 6-18-01  |
| FORMALITY REVIEW          | MD       | 579    | 8/2/01   |
| RESPONSE FORMALITY REVIEW | ET       | 5087R  | 11-02-01 |
|                           |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed-      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original |          |
| 1              | 03/14/03 |
| 2              | 03/03/03 |
| 3              | ✓        |
| 4              | ✓        |
| 5              | ✓        |
| 6              | ✓        |
| 7              | ✓        |
| 8              | ✓        |
| 9              | ✓        |
| 10             | ✓        |
| 11             | ✓        |
| 12             | ✓        |
| 13             | ✓        |
| 14             | ✓        |
| 15             | ✓        |
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| 37             | ✓        |
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| 40             | ✓        |
| 41             | ✓        |
| 42             | ✓        |
| 43             | ✓        |
| 44             | ✓        |
| 45             | ✓        |
| 46             | ✓        |
| 47             | ✓        |
| 48             | ✓        |

| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
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| Final Original |      |
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